



AAG
Australian
Association of
Gerontology



**REGIONAL,
RURAL & REMOTE**
Special Interest Group



ADDRESSING AGED CARE WORKFORCE ISSUES IN RURAL AND REMOTE AUSTRALIA

Report from the Australian
Association of Gerontology Regional,
Rural and Remote Special Interest
Group workshop, held in conjunction
with the National Rural Health Alliance

**MELBOURNE, VICTORIA,
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ACKNOWLEDGEMENT OF COUNTRY

The Australian Association of Gerontology (AAG) Regional, Rural and Remote Special Interest Group 2018 workshop was held on the land of the Kulin Nation.

We acknowledge the people of the Kulin Nation as the traditional owners of the land on which the workshop was held, and thank them for welcoming us.

The Australian Association of Gerontology acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures; to Elders past, present, and emerging; and to all Aboriginal and Torres Strait Islander peoples, including members of the Stolen Generations.



Acknowledgement of Contributors

AAG extends its thanks to all participants in the workshop, and particularly to those who planned, convened and facilitated the workshop:

- ▶ Dr Rachel Winterton, La Trobe University, AAG Regional, Rural and Remote Special Interest Group Convenor
- ▶ Mr Mark Diamond, CEO, National Rural Health Alliance
- ▶ A/Prof Marguerite Bramble, Charles Sturt University
- ▶ Ms Robin Harvey, Charles Sturt University

A full list of participants is provided as an Appendix to this report.

AAG thanks the National Rural Health Alliance for their partnership in developing and holding this workshop.

This report was prepared by Kathy Bell.

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Australian Government
Department of Health

EXECUTIVE SUMMARY

This report summarises the proceedings and outcomes of a workshop hosted by the Australian Association of Gerontology (AAG) Regional, Rural and Remote Special Interest Group in collaboration with the National Rural Health Alliance, on 20 November 2018 in Melbourne.

The workshop aimed to

- ▶ explore issues relating to recruiting and retaining an adequate, skilled aged care workforce now and into the future in rural and remote Australia; and
- ▶ suggest measures to address these issues, that could be incorporated into a future Action Plan for aged care for rural and remote Australia.

On average, older people in rural and remote areas have lower incomes, experience greater levels of disability, reside in poorer quality housing, and have lower levels of completed education than other older Australians. In addition, there are higher proportions of Aboriginal and Torres Strait Islander people in rural and remote areas. These factors are associated with worse health outcomes and greater need for aged care support.¹ Despite this greater need for aged care services, use of aged care places is much lower outside major cities, and people living outside major cities often wait considerably longer to enter residential high care after being approved for a place, which results in higher hospital admissions.²

One factor that contributes to the serious inequity in access to aged care by rural and remote Australians is workforce shortages in aged care in rural and remote Australia. This issue was made the focus of AAG's 2018 Regional, Rural and Remote workshop. Workshop participants agreed that aged care workforce shortages are already severe and affect service delivery across all parts of rural and remote Australia. Workforce shortages exist for all areas of service provision including residential care and home care services, with significant impacts on access to and quality of care.

While numerous inquiries, submissions and reports provide clear qualitative evidence of these issues, workshop participants agreed there is a need to build a better quantitative evidence base.

The absence of a national strategy to ensure an adequate, skilled rural and remote aged care workforce was identified as a critical factor impeding a strategic approach to recruitment and retention in rural and remote areas.

Factors contributing to rural and remote aged care workforce shortages were identified by workshop participants. Some of these barriers applied to the aged care workforce more broadly, while others were specific to rural and remote areas. Particular workforce issues facing remote Aboriginal and Torres Strait Islander communities were also identified.

The discussion resulted in the development of recommendations from the workshop relating to:

- ▶ the aged care workforce generally;
- ▶ the rural and remote setting more specifically; and
- ▶ remote Aboriginal and Torres Strait Islander communities, which have their own unique circumstances and needs.

¹ National Rural Health Alliance, A rural perspective on Living Longer, Living Better. Fact Sheet October 2013 accessed at <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-living-longer.pdf> on 26/2/19.

² Ibid.

Workshop Recommendations for Addressing Aged Care Workforce Issues in Rural and Remote Australia

Recommendation 1: Improve the systematic collection, collation and analysis of relevant data from aged care service providers across rural and remote Australia, to build better quantitative evidence on workforce issues impacting on aged care service delivery in these settings.

Recommendation 2: Develop and implement a national strategy to ensure an adequate skilled aged care workforce across rural and remote Australia.

Recommendation 3: Implement immediate actions to improve recruitment and retention in the aged care workforce generally across Australia, including: improving the public perception of working in aged care; improving remuneration; improving career pathways and access to professional development; and recognising aged care nursing as a specialty.

Recommendation 4: Develop a “rural workforce centre” model, through which aged care, health, and community service organisations can partner and pool funds, staff and effort to develop a local workforce which is shared across organisations and which delivers integrated services to outlying communities and households.

Recommendation 5: Make working in rural and remote aged care more attractive by emphasizing the positive aspects of the work and the setting.

Recommendation 6: Provide support for both undergraduate student placements and early career placements in rural and remote aged care settings.

Recommendation 7: Develop expanded scope of practice models for practitioners including Registered Nurses in rural and remote aged care, based on the Remote Area Nurse model.

Recommendation 8: Optimise the use of telehealth in aged care service delivery in rural and remote areas.

Recommendation 9: Provide block funding for aged care services in rural and remote areas, to enable services to offer long term, secure employment.

Recommendation 10: Develop new funding and service delivery models for aged care in remote Aboriginal and Torres Strait Islander communities, based on the delivery of aged care through community controlled services in Aboriginal and Torres Strait Islander communities wherever possible, and recognition that a “provider of choice” approach may be most appropriate.

Recommendation 11: Provide support for young Aboriginal people to stay on country and work in aged care, and develop measures to address cultural barriers relating to the provision of care to older Aboriginal people by young people.

AAG Response to Workshop Recommendations for Addressing Aged Care Workforce Issues in Rural and Remote Australia

AAG notes the outcomes of the 2018 AAG regional, rural and remote workshop, which focused on workforce issues impacting both people’s access to, and the delivery of, aged care services in rural and remote Australia.

AAG acknowledges the current inequity in access to aged care for older people in rural and remote Australia, and believes that

- ▶ addressing this inequity should be a high priority for government and the sector
- ▶ measures to address this inequity can best be considered in the context of the Aged Care Diversity Framework, and therefore creation of an Action Plan for aged care for older people in rural and remote Australia should be prioritised.

AAG notes the Recommendations for Addressing Aged Care Workforce Issues in Rural and Remote Australia arising from the 2018 regional, rural and remote workshop, which call for action across a range of areas, including:

- ▶ better data collection, analysis and use in relation to rural and remote aged care workforce;
- ▶ a national strategy to address rural and remote aged care workforce needs; and
- ▶ actions to address aged care workforce supply and quality across Australia generally, in rural and remote areas more specifically, and in remote Aboriginal and Torres Strait Islander communities, which have their own unique circumstances and needs.



AAG is supportive of the intent and direction of these recommendations. AAG undertakes to advocate for relevant action by the appropriate parties, while noting that workforce challenges are only one aspect of the inequity in access to aged care for older people in rural and remote Australia.

AAG’s intent is that the outcomes of the workshop will be used to inform policy and practice to improve equity of access and quality outcomes in aged care for older people in rural and remote Australia.

AAG will engage with the Remote Accord established in response to the Aged Care Workforce Taskforce report, A Matter of Care – Australia’s Aged Care Workforce Strategy, noting that the Accord will initially focus on workforce in remote and very remote regions only.



ADDRESSING AGED CARE WORKFORCE ISSUES IN RURAL AND REMOTE AUSTRALIA

BACKGROUND

This report provides a summary of the proceedings and outcomes of the Australian Association of Gerontology (AAG) regional, rural and remote workshop held on 20 November 2018, on the impact of workforce issues on aged care provision to people living in rural and remote Australia.

The workshop was hosted by the Regional, Rural and Remote Special Interest Group (RRRSIG) of the AAG in conjunction with the National Rural Health Alliance (NRHA) as one of the pre-conference workshops for AAG's annual National Conference. The 3-hour workshop was attended by 21 participants (see participant list at Appendix 1).

AAG is a membership organisation whose purpose is to improve the experience of ageing through connecting research, policy and practice. Since 1964, AAG has been Australia's peak body linking professionals working across the fields of ageing. The multidisciplinary membership includes researchers, aged care leaders, geriatricians, nurses, allied health professionals, policy makers, advocates for older people and others with expertise in ageing.

This was the second workshop hosted by the RRRSIG. The first, which was held in Perth in November 2017, led to the workshop report *Towards an Action Plan for Aged Care for Rural and Remote Australia*.³ *Towards an Action Plan for Aged Care for Rural and Remote Australia* included six recommendations:

1. A national Action Plan for aged care for people in rural and remote areas should be the next priority under the national Diversity Framework for aged care.
2. The Government should undertake a review of rural and remote aged care service access and quality.
3. Minimum service access standards should be developed for rural and remote aged care.
4. Government policy and funding in rural and remote aged care should:
 - a. be based on principles of co-operation and collaboration between service providers;
 - b. encourage greater participation of GPs, pharmacists, and medical specialists;
 - c. prioritise rural and remote areas in the release of home care packages, particularly high level packages; and
 - d. deliver improved support for carers of older people in the community.
5. Workforce-related initiatives should include:
 - a. regional rather than organisational approaches to workforce;
 - b. training and employment of local community members in aged care;
 - c. training of aged care workers in the specific context of care delivery in rural and remote areas; and
 - d. professional development opportunities and career pathways to promote retention of employees in the sector.
6. To improve the evidence base for aged care service delivery, a national research and data strategy for aged care is required.

This second regional, rural and remote workshop brought together researchers, policy makers, aged care providers, care professionals and consumers to:

- ▶ further explore issues relating to recruiting and retaining an adequate, skilled aged care workforce now and into the future in rural and remote Australia; and
- ▶ suggest measures to address these issues, that could be incorporated into a future Action Plan for aged care for rural and remote Australia.

Participants considered questions including:

- ▶ What is the extent of the problem?
- ▶ Why do we have the problem?
- ▶ Is it one problem or several different problems?
- ▶ How can we address the problem across rural and remote Australia?

Responses to these questions, and the recommendations arising are recorded in the Outcomes section of this report.

³ Australian Association of Gerontology, *Towards an Action Plan for Aged Care for Rural and Remote Australia*. Report of the Regional, Rural and Remote Special Interest Group workshop held 7 November 2017. Accessed at <https://www.aag.asn.au/news-publications/policy-papers/2017-rrr-workshop-report-perth> on 26/2/19.

The Australian Government Department of Health worked with national experts and consumer groups to develop the Aged Care Diversity Framework, which was launched in December 2017. Under the Diversity Framework, Action Plans are developed to assist providers to identify actions they can take to deliver more inclusive and culturally appropriate services for consumers who are members of specific priority groups. The first four Action Plans developed under the Framework are:

1. Shared actions to support all diverse older people (a guide for aged care providers)
2. Actions to support older Aboriginal and Torres Strait Islander people (guides for aged care providers and consumers)
3. Actions to support older Culturally and Linguistically Diverse people (guides for aged care providers and consumers)
4. Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders (guides for aged care providers and consumers).

These Action Plans are complemented by the Australian Government Diversity Action Plan 2019.

AAG has led the advocacy for the next priority to be development of an Action Plan to support older people in rural and remote Australia.

References:

- <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework>
- <https://agedcare.health.gov.au/shared-actions-to-support-all-diverse-older-people>
- <https://agedcare.health.gov.au/actions-to-support-older-aboriginal-and-torres-strait-islander-people>
- <https://agedcare.health.gov.au/actions-to-support-older-culturally-and-linguistically-diverse-people>
- <https://agedcare.health.gov.au/actions-to-support-lesbian-gay-bisexual-trans-and-gender-diverse-and-intersex-elders>
- https://agedcare.health.gov.au/sites/default/files/documents/02_2019/australian-government-diversity-action-plan_2019.pdf

CONTEXT

Challenges in aged care service delivery in rural and remote Australia

Around 7 million people — about 29% of the population — live outside Australia's major cities. On average this group has poorer health and welfare outcomes than people living in major cities. The socio-economic determinants of poor health in regional, rural and remote areas include:

- ▶ disadvantages in education, employment opportunities, income and access to services,
- ▶ higher rates of behavioural risk factors and
- ▶ generally higher prevalence of chronic conditions.⁴

Inequalities across the life course continue into the later years of life. The ageing of Australia's population is generally more marked in rural and regional Australia. With the exception of remote and very remote areas, which have relatively younger populations, the proportion of older people is higher, and the proportion of younger people lower, than in major cities.⁵ On average, older people in rural and remote areas have lower incomes, experience greater levels of disability, reside in poorer quality housing, and have lower levels of completed education. In addition, there are higher proportions of Aboriginal and Torres Strait Islander people in rural and remote areas.

These factors are associated with worse health outcomes and greater need for aged care support.⁶

Despite this greater need for aged care, overall use of aged care places (home care and residential places combined) is much lower outside major cities. People living outside major cities often wait considerably longer to enter residential high care after being approved for a place, which results in higher hospital admissions.⁷

The legislative context for policy on aged care in rural and remote Australia is the Aged Care Act 1997, which recognises people who live in rural and remote areas as one of nine population groups having special needs in terms of access to aged care services. Equity of access for people from rural and remote areas is currently targeted through measures including funding for Multi-Purpose Services (MPSs), and viability supplements in residential and home care in the more remote parts of Australia. In addition, grants are available to support capital expenditure and for capacity building to support quality improvement.

MPSs provide integrated health and aged care services for small communities, allowing services to exist in regions that could not viably support stand-alone hospitals or aged care services. Nationally, the MPS program provides over 3,000 flexible places delivered as residential or home care.⁸

Recognising the higher costs of providing care in rural and remote areas, eligible services can receive a viability supplement that increases subsidies paid for residential and home care services. Government spending on the viability supplement has increased significantly in recent years.⁹ From 1 January 2017 a new viability supplement scheme was introduced based on an updated geographical classification system that takes into account the size and isolation of a locality based on Census data. Under this measure, the rate of viability supplement increased for remote and very remote residential care services as well as eligible home care recipients.¹⁰

Despite these funding initiatives, providers of aged care services located in remote areas face significant financial challenges. Compared with providers in other areas, residential care providers in rural and remote areas have poorer overall financial results as they receive less funding per resident per annum from subsidies and charge lower than average Refundable Accommodation Deposits than other providers, but have significantly higher expenses, particularly labour costs. The picture is similar but less marked for home care providers. Providers in rural and remote Australia are overwhelmingly not-for-profit and government services, with commercial providers largely absent from the market.¹¹

Aged care consumers in rural and remote areas experience limited access, choice, and affordability because there are fewer service providers and limited resources. Implementation of consumer directed care (CDC) — a key element of the Living Longer, Living Better aged care reforms — is particularly challenging in rural and remote Australia. In this model, funding is allocated to the consumer rather than to a 'place' held by a service provider. Consumers can therefore "shop around" for a service that suits their needs and preferences. The aim is for consumers and carers to have more choice and flexibility, as well as more power to influence the design and delivery of the services they receive.¹²

Shopping around for a service provider is not feasible in situations where there may be only one provider in an area, where places are so limited in number and difficult to access that they are accepted regardless of suitability, or where the main or only service provider is a block-funded MPS. Concerns have also been raised that in the CDC context, the additional costs of service delivery in rural and remote areas will be passed on to consumers, many of whom have limited resources; and that some service providers may 'cherry pick' customers, further marginalising people living in more remote areas.¹³ The lack of availability of appropriate high level home care packages in rural and remote areas is also a recurring complaint, with suggestions there are still too many older people entering residential care earlier than necessary, due to lack of adequate care at home.¹⁴



⁴ Australian Institute of Health and Welfare, Australia's Health 2018, released 20 June 2018, at 259-62. Accessed at <https://www.aihw.gov.au/reports/australias-health/australias-health-2018/data> on 26/2/19.

⁵ Ibid; see also <https://www.aihw.gov.au/reports-data/population-groups/older-people/overview> and following pages for detailed mapping of regional populations.

⁶ National Rural Health Alliance, A rural perspective on Living Longer, Living Better. Fact Sheet October 2013 accessed at <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-living-longer.pdf> on 26/2/19.

⁷ Ibid.

⁸ Tune, D., for the Commonwealth of Australia Department of Health, Legislated Review of Aged Care 2017, tabled 14 September 2017, at 157. Accessed at https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf on 26/2/19.

⁹ Ibid. Table 9.4 at 156.

¹⁰ Commonwealth of Australia Department of Health, 2016-17 Report on the Operation of the Aged Care Act 1997, released November 2017, at 47. Accessed at https://gen-agedcaredata.gov.au/www_aihwgen/media/ROACA/2016-17_Report_on_the_Operation_of_the_Aged_Care_Act_1997.pdf on 26/2/19.

¹¹ Commonwealth of Australia Department of Health (Aged Care Financing Authority), Financing issues affecting rural and remote aged care providers, released February 2016, at 10-11. Accessed at https://www.dss.gov.au/sites/default/files/documents/02_2016/11415_acfa_financial_report.pdf on 26/2/19.

¹² https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2015/what_is_consumer_directed_care_0_0.pdf accessed 26/2/19.

¹³ Cited in Tually, S., Faulkner, D., Lewis, J., Consumer Centred Care (CCC) Readiness Project: Identifying gaps and barriers. State of knowledge rapid review report for the Australian Red Cross, Centre for Housing, Urban and Regional Planning, The University of Adelaide, October 2016, at 45-47.

¹⁴ Ibid.

Workforce issues in rural and remote aged care

Workforce issues can contribute to the barriers to access to quality aged care in rural and remote Australia. With the ageing of Australia's population, aged care workforce requirements nationally are predicted to increase from around 360,000 currently, to almost one million by 2050.¹⁵ The growing gap between demand for and supply of workers presents very significant challenges for the aged care system across Australia, which will require far-reaching solutions.

As the National Aged Care Alliance (NACA) has acknowledged, there are additional challenges in attracting and retaining an adequate, skilled aged care workforce in regional, rural and remote areas.¹⁶ Rural Health Workforce Australia has identified several specific challenges in recruiting and retaining skilled staff over and above those facing the broader sector, including the lack of access to continuing professional development and employment for partners.¹⁷

The NRHA lists the following factors that particularly impact on aged care workforce in rural and remote areas:

- ▶ skills shortages;
- ▶ limitations in the availability and accessibility of education and training opportunities locally that may constrain growth of a local, appropriately qualified workforce;
- ▶ the impact of uncertainty and changes in the vocational education and training sector, which may hinder the development and growth of the health and aged care workforce in rural and remote Australia; and
- ▶ the impact of other Government funding decisions on aged care workforce supply.¹⁸

The NRHA has argued that action is needed to develop an appropriately qualified aged care workforce in rural and remote locations. They suggest that:

- ▶ skills development is needed in rural and remote communities to support employment and meet community needs for services;
- ▶ rural and remote providers need an improved supply of appropriately qualified nurses and allied health providers; and
- ▶ Aboriginal Health Workers and Social and Emotional Wellbeing counsellors should also be integrated into service delivery, including through MPSs;
- ▶ the level and nature of care needed by residents should be the driver of staffing mix and numbers.¹⁹

Recent Australian research based on interviews with aged care service managers indicates there is no "quick fix" for aged care workforce issues, particularly in rural and remote areas, and that solutions must be far reaching and address the overall status of aged care work. Evidence indicates that while education and remuneration issues are critical, ongoing structural issues and barriers to recruitment also need to be considered and that "negative depictions and conditions are unlikely to attract younger workers who seek occupational enculturation without exploitation".²⁰

The policy landscape

Several recent reviews and inquiries have focused on aged care workforce issues specifically, while others with broader terms of reference have made recommendations with the potential to influence aged care service delivery in rural and remote areas.

The Senate Community Affairs References Committee reported on its inquiry into the future of Australia's aged care sector workforce in June 2017. The report acknowledged there are challenges particular to aged care service delivery to the diverse and geographically dispersed population in rural and remote Australia. In recommending the development of a national aged care workforce strategy, the committee noted such a strategy must take into account "the context within which service delivery occurs, and the location- or culturally-specific skills, knowledge and experience that may be required of the workforce delivering those services... the strategy should recognise and address the particular challenges for attracting, retaining and training staff in remote communities, including issues in relation to housing, security, transport and remuneration."²¹



¹⁵ Commonwealth of Australia Productivity Commission, *Caring for Older Australians*, August 2011. Cited in Commonwealth of Australia Department of Health, *A Matter of Care: Australia's Aged Care Workforce Strategy*, Report of the Aged Care Workforce Strategy Taskforce, released September 2018, at 1. Accessed at https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf on 26/2/19.

¹⁶ National Aged Care Alliance, *Position Paper on the Aged Care Workforce*, June 2017. Accessed at <http://www.naca.asn.au/PDF/NACA%20Aged%20Care%20Workforce%20Position%20Paper.pdf> on 26/2/19.

¹⁷ Rural Health Workforce Australia, *Submission to the Senate Community References Committee Inquiry into the Future of Australia's Aged Care Sector Workforce*, March 2016. Submission number 133, accessible at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Aged_Care_Workforce/Submissions.

¹⁸ National Rural Health Alliance, *Submission to the Senate Community Affairs References Committee Inquiry into the Future of Australia's Aged Care Sector Workforce*, March 2016. Accessed at <http://ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/submissions/160427-aged-care-workforce.pdf> on 26/2/19.

¹⁹ National Rural Health Alliance, *Submission to the Aged Care Legislated Review*, December 2016. Accessed at https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/12_2016/national_rural_health_alliance.pdf on 26/2/19.

²⁰ Savy, P., Warburton, J., Hodgkin, S.P., *Challenges to the provision of community aged care services across rural Australia: Perceptions of service managers. Rural and remote health*, 2017; 17: 4059. <https://doi.org/10.22605/RRH4059>.

²¹ Commonwealth of Australia *Future of Australia's Aged Care Sector Workforce*, Report of the Senate Community Affairs References Committee, 20 June 2017, at 105. Accessed at www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/AgedCareWorkforce45/Report on 26/2/19.

The Committee considered that the “one size fits all” approach underpinning implementation of the CDC model in aged care was problematic, particularly in remote and very remote locations. The report acknowledged the need for a more tailored, flexible approach to aged care service delivery in remote areas, particularly for Aboriginal and Torres Strait Islander communities. The report also recommended that the Government take immediate action to review opportunities for eligible service providers operating in remote and very remote locations to access block funding, and that the implementation of CDC be reviewed, with specific attention to be given to impacts on remuneration, job security and working conditions of the aged care workforce, impacts on service delivery in remote and very remote areas, and service delivery targeting groups with special needs.

The Legislated Review of Aged Care ²² (also known as the Tune Review) reported in 2017 on the impact of the Living Longer, Living Better aged care reforms. The report acknowledged that consumers and providers of services located in rural and remote areas face particular challenges. The report noted that aspects of the MPS program, including the lack of a CDC approach, may be out of step with contemporary aged care policy; and that the lack of consistency in the operating environments of MPSs across a range of areas, including fees and charges, assessment and approval and quality standards, contributes to inequity for aged care providers and consumers. The report recommended a review of the MPS program to better align its service delivery model with mainstream aged care programs and to ensure that MPS funding is well targeted.

Chapter 10 of the report responds to matter (g) in the terms of reference: ‘the effectiveness of workforce strategies in aged care services, including strategies for the education, recruitment, retention and funding of aged care workers, and looks at opportunities to address these challenges into the future’. Recommendation 38 implicitly supports development of a workforce strategy by the aged care sector by recommending that it, ‘should address methods for widening the recruitment pool, and for embedding improved recruitment and retention strategies systematically across the sector, with specific consideration given to addressing challenges in rural and remote areas’.

In June 2018, the Australian Government’s response to the Senate Committee report was published.²³ In relation to rural and remote aged care, the response outlined existing government initiatives, and stated support for reviewing opportunities for eligible service providers operating in remote and very remote locations to access block funding.

²² Tune, D., for the Commonwealth of Australia Department of Health, Legislated Review of Aged Care 2017, tabled 14 September 2017, at 157. Accessed at https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf on 26/2/19.

²³ Australian Government response to the Senate Community Affairs References Committee Report: Future of Australia’s aged care workforce. Accessed at <http://apo.org.au/system/files/180631/apo-nid180631-946166.pdf> on 26/2/19.

On 13 September 2018 the Minister for Senior Australians and Aged Care (also Minister for Indigenous Health) the Hon. Ken Wyatt AM MP released the report of the Aged Care Workforce Strategy Taskforce.²⁴ This industry-led taskforce conducted extensive public and stakeholder consultations, including a meeting in May 2018 with representatives of remote and very remote aged care providers,²⁵ before delivering its report, A Matter of Care – Australia’s Aged Care Workforce Strategy. The report proposes 14 strategic actions, one of which is the establishment of a Remote Accord. The report states that “Workforce issues in remote and very remote areas call for specific and tailored actions, informed by on-the-ground experience. A united remote and very remote industry voice is envisaged, with action to engage on workforce issues needing attention and develop pathways for change involving all levels of government, industry and the community.”

Upon releasing the report, the Minister stated that “the report was developed with the sector, and the sector needs to own its implementation.”²⁶ The Minister referred to existing Government initiatives in relation to aged care workforce but did not announce any new initiatives or funding commitments in response to the release of the report.

²⁴ Commonwealth of Australia Department of Health, A Matter of Care: Australia’s Aged Care Workforce Strategy, Report of the Aged Care Workforce Strategy Taskforce, released September 2018, at 1. Accessed at https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf on 26/2/19.

²⁵ See the Minister for Aged Care, the Hon. Ken Wyatt AM MP’s media release at [http://www.health.gov.au/internet/ministers/publishing.nsf/Content/9E78BC33AB0924AECA258281007BB60A/\\$File/KW056.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/9E78BC33AB0924AECA258281007BB60A/$File/KW056.pdf) accessed on 26/2/19.

Aged care quality and safety has also been under examination, with implications for workforce policy. In 2017 the Government announced an independent Review of National Aged Care Quality Regulatory Processes, also known as the Carnell–Paterson review. The review was focused on failures in the quality of care delivered at the Oakden Older Persons Mental Health service in South Australia. Minister Wyatt released the report of the Carnell–Paterson review in October 2017, expressing broad support for its recommendations. The Government’s response included the establishment of a new Aged Care Quality and Safety Commission from 1 January 2019, and a move to unannounced audits for aged care services seeking reaccreditation.²⁷ While the report does not specifically focus on quality and safety in rural and remote Australia, its recommendations will affect the sector nationally.

In September 2018, in the context of continued intense media scrutiny of quality and safety in residential facilities, the Prime Minister announced that a Royal Commission would be established. One of the terms of reference, announced in October 2018, is to examine: “The future challenges and opportunities for delivering accessible, affordable and high quality aged care services, including people’s desire to remain living at home as they age, and aged care in rural, regional and remote Australia.”²⁸

²⁶ See the Minister for Senior Australians and Aged Care, the Hon. Ken Wyatt AM MP’s media release at <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarele-yr2018-wyatt128.htm> accessed on 26/2/19.

²⁷ Carnell, K. and Paterson, R., Review of National Aged Care Quality Regulatory Processes, released on 25 October 2017. Accessed at <https://agedcare.health.gov.au/quality/review-of-national-aged-care-quality-regulatory-processes> on 26/2/19.

²⁸ Minister for Senior Australians and Aged Care on 9 Oct 2018, at <https://www.pm.gov.au/media/appointment-royal-commissioners-and-terms-reference> accessed on 26/2/19.



WORKSHOP PROCEEDINGS

The focus of the workshop was on workforce issues impacting the delivery of aged care services in rural and remote Australia. Following an introduction to the key issues presented by the workshop convenors, “world café” style workshopping sessions were held, comprising four table groups, of which each attendee participated in two.

The topics for table groups were:

1. What is the extent of the problem?
 - ▶ How widespread and severe are workforce concerns in aged care in rural and remote Australia?
 - ▶ To what extent do workforce issues influence access and quality in aged care in rural and remote Australia?
 - ▶ What evidence do we have on these issues?
2. Why do we have the problem?
 - ▶ What are the barriers to the recruitment and retention of an adequate, appropriate and skilled workforce in home care and residential aged care in rural and remote Australia?
 - ▶ What is the relative importance of factors such as the overall status of the industry, sector-wide remuneration, career paths, local availability of education and training, and opportunities for employment and education for partners and families, in aged care workforce recruitment and retention in rural and remote areas?

3. Is it one problem or several different problems?
 - ▶ Are there specific workforce issues for remote vs rural aged care services – and for remote Aboriginal and Torres Strait Islander communities in particular?
 - ▶ Are there different workforce issues for residential aged care vs home care?
 - ▶ Are there specific issues in recruitment and retention of different workforce categories, e.g. nursing, allied health, personal care workers, and medical personnel?
4. How can we address the problem across rural and remote Australia?
 - ▶ How can existing barriers be addressed, to ensure an adequate, appropriate and skilled aged care workforce is in place across rural and remote Australia?
 - ▶ What models do we have, either in Australia or from overseas, where workforce issues in rural and remote aged care have been successfully addressed?
 - ▶ Do the recommendations from the Aged Care Workforce Strategy Taskforce offer a way forward?
 - ▶ What action is needed, and by whom?



OUTCOMES OF WORKSHOP DISCUSSIONS

The key issues and recommendations arising from the workshop discussions are summarised here.

The impact of workforce issues on aged care service delivery in rural and remote Australia

Participants agreed that

- ▶ aged care workforce shortages are already severe
- ▶ they affect service delivery across all parts of rural and remote Australia, and
- ▶ they exist in all sectors including residential and home care services, with significant impacts on access and quality of care.

Participants agreed that while both rural and remote aged care services face workforce issues, the issues do vary between rural and remote settings.

- ▶ For rural aged care services, distance of care recipients from larger rural and regional centres is an important variable, particularly in the delivery of home care services. It is very difficult to fund care for people who live in very small communities or isolated farm households that are considerable distances from larger centres, as home care packages are “eaten up” by travel costs. This problem is compounded by the fact that different service providers across aged care, health, and community services often send out sole workers to deliver services, rather than joining up their services and sending combined outreach teams.

- ▶ Workshop participants identified a distinct set of workforce challenges applying to remote Aboriginal and Torres Strait Islander communities. To provide services to these communities, it is critical to have cultural knowledge. There are specific workforce issues in terms of understanding sorry business and gender issues that need to be taken into consideration. Fly in/fly out and drive in/drive out service provision can be inappropriate for communities if there is no continuity of workers, as this can impede the development of relationships of trust, making it more difficult to deliver services appropriately to the care recipients, and to identify issues such as elder abuse.

- ▶ Participants agreed there is a need to empower remote workers to address complex issues such as elder abuse and that it is important that the safety of aged care workers is assured, including by local police. In these small settings, there can also be conflicts between supervisors/coordinators and less well paid staff. There are opportunities to train family members to be paid carers, and precedents for this.

Participants agreed that shortages are experienced in all workforce categories in rural and remote aged care, including nursing staff, personal care workers, and allied health professionals. It was noted that allied health professionals can assist with reablement and support the older person to live well at home for as long as possible, and that shortages in this workforce category can lead to premature admissions to residential care.

Within residential aged care, participants identified as a concern the “de-skilling” of the workforce, as fewer registered nurses are employed and more of the care is provided by personal care workers. It was suggested that this trend, along with limited engagement in aged care by GPs, has led to increased presentations to Emergency Departments by aged care residents.

Overall, it was agreed that smaller communities face larger challenges, as the smaller the community, the less choice there is of employer for aged care employees and of service provider for care recipients. In addition, smaller towns and remote communities often lack both the infrastructure to keep older people living at home and facilities that offer residential care, with the result that many older people end up in residential care significant distances from their previous homes and communities.

It was noted that there is clear qualitative evidence of these issues, particularly in the form of relevant submissions and consultations relating to several Government reviews, including the Legislated Review of Aged Care (Tune Review), the Senate's Future of Aged Care Workforce review, and the Aged Care Workforce Strategy Taskforce A Matter of Care review.

It was also agreed that there is a need to build better quantitative evidence in relation to these issues, particularly through systematic collection, collation and analysis of relevant data from aged care service providers in rural and remote Australia.

Recommendation 1

Improve the systematic collection, collation and analysis of relevant data from aged care service providers across rural and remote Australia, to build better quantitative evidence on workforce issues impacting on aged care service delivery in these settings.

Factors impeding the supply of an adequate, quality aged care workforce in rural and remote Australia

Several factors contributing to rural and remote aged care workforce shortages were identified by workshop participants, including:

- ▶ the low status of aged care work generally, which impacts on the attractiveness of the industry for potential employees, and therefore on workforce supply across Australia
- ▶ difficulties in attracting new entrants with the required attributes to the workforce, due to a range of issues including the poor image of aged care work, poor remuneration, and migration of young people from rural and remote to metropolitan areas
- ▶ the ageing of the existing aged care workforce, due to the limited number of younger entrants
- ▶ inadequate support for the aged care workforce in rural and remote areas, including gaps in infrastructure, limited local education and training opportunities, lack of mentoring, and a perceived lack of opportunities for career development
- ▶ inadequate local opportunities for employment and education for partners and family members of potential aged care employees
- ▶ safety concerns related to working in aged care in some rural and remote areas, for example concerns relating to elder abuse, substance abuse, or long-distance travel
- ▶ racism towards workers from culturally and linguistically diverse backgrounds
- ▶ lack of confidence amongst some potential employees to work in aged care in some rural and remote settings, such as remote Aboriginal communities
- ▶ the casual/part-time/insecure nature of many aged care positions which can be a barrier preventing people moving to rural and remote areas to take up a position.

The absence of a national strategy to ensure an adequate, skilled rural and remote aged care workforce was identified as a critical factor impeding a strategic approach to recruitment and retention in rural and remote areas.

Recommendation 2

Develop and implement a national strategy to ensure an adequate skilled aged care workforce across rural and remote Australia.

Proposed actions to address aged care workforce issues in rural and remote Australia

The workshop identified a number of potential actions to improve the supply of a high quality aged care workforce across rural and remote Australia.

Several of these proposed actions relate to improving the aged care workforce more broadly across Australia:

- ▶ improve the public perception of employment in aged care generally, to increase interest in the industry and improve workforce recruitment across Australia
- ▶ improve remuneration for aged care employees, particularly personal care workers
- ▶ offer improved career pathways and access to professional development, as a means of improving retention in the industry
- ▶ recognise aged care nursing as a specialty.

Recommendation 3

Implement immediate actions to improve recruitment and retention in the aged care workforce generally across Australia, including: improving the public perception of working in aged care; improving remuneration; improving career pathways and access to professional development; and recognising aged care nursing as a specialty.



The following actions identified at the workshop relate specifically to rural and remote aged care service settings.

- ▶ Develop a “rural workforce centre” model, through which aged care, health and community service organisations can partner and pool funds, staff and effort to develop a local workforce that is shared across organisations and which delivers integrated services to outlying communities and households. This would:
 - enable the creation of viable full-time employment including for allied health and nursing positions;
 - support a multidisciplinary teamwork approach;
 - reduce the burden of travel costs and time; and
 - enable centralised co-ordination of human resources functions such as the creation of consistent position descriptions, and combined professional development.

Primary Health Networks could be a potential coordinating agency for this model.

- ▶ Make working in rural and remote aged care more attractive, by presenting rural and remote settings in a positive way, and emphasizing the level of responsibility, the variety of work, and the learning opportunities, particularly for young people in the early career stages.
- ▶ Provide support for both undergraduate student placements and early career placements in rural and remote aged care settings. Local training and education opportunities and exposure to work experience in rural and remote settings can build interest in working in these settings.
- ▶ Develop expanded scope of practice models for practitioners including Registered Nurses in rural and remote aged care, based on the Remote Area Nurse model.
- ▶ Optimise the use of telehealth in aged care service delivery in rural and remote areas.
- ▶ Provide block funding for aged care services in rural and remote areas, to support budgetary certainty and enable services to offer long term, secure employment.

Recommendation 4

Develop a “rural workforce centre” model, through which aged care, health and community service organisations can partner and pool funds, staff and effort to develop a local workforce which is shared across organisations and which delivers integrated services to outlying communities and households.

Recommendation 5

Make working in rural and remote aged care more attractive by emphasizing the positive aspects of the work and the setting.

Recommendation 6

Provide support for both undergraduate student placements and early career placements in rural and remote aged care settings.

Recommendation 7

Develop expanded scope of practice models for practitioners including Registered Nurses in rural and remote aged care, based on the Remote Area Nurse model.

Recommendation 8

Optimise the use of telehealth in aged care service delivery in rural and remote areas.

Recommendation 9

Provide block funding for aged care services in rural and remote areas, to enable services to offer long term, secure employment.

Specific suggestions were also made for remote Aboriginal and Torres Strait Islander communities:

- ▶ Develop new funding and service delivery models for aged care in remote Aboriginal and Torres Strait Islander communities, noting that the Remote Accord recommended by the Aged Care Workforce Taskforce report could present an appropriate conceptual framework for this work. These models should include the delivery of aged care through community controlled services in Aboriginal and Torres Strait Islander communities, wherever possible. There should also be recognition that a “provider of choice” approach, where existing providers of health and other services in the community are offered funding opportunities to deliver aged care services, can be a better option than Community Directed Care, particularly in remote Aboriginal communities.
- ▶ Provide support for young Aboriginal people to stay on country and work in aged care.
- ▶ Develop measures to address cultural barriers relating to the provision of care to older Aboriginal people by young people.

Recommendation 10

Develop new funding and service delivery models for aged care in remote Aboriginal and Torres Strait Islander communities, including the delivery of aged care through community controlled services in Aboriginal and Torres Strait Islander communities, wherever possible, and recognition that a “provider of choice” approach may be most appropriate.

Recommendation 11

Provide support for young Aboriginal people to stay on country and work in aged care and develop measures to address cultural barriers relating to the provision of care to older Aboriginal people by young people.



CONCLUSION & RECOMMENDATIONS

The 2018 AAG regional, rural and remote workshop focused on workforce issues impacting the delivery of aged care services in rural and remote Australia.

Participants discussed the extent of workforce shortages, including spread and severity, and the extent to which workforce issues influence access and quality in aged care in rural and remote Australia, both broadly and within specific geographical, service and workforce categories. The availability of evidence on these issues was discussed.

The reasons for these workforce problems, including barriers to recruitment and retention were debated. The relative importance of factors such as the overall status of the industry, sector-wide remuneration, career paths, local availability of education and training, and opportunities for employment and education for partners and families was also discussed.

Finally, the workshop made the following recommendations to address barriers to creating an adequate, appropriate and skilled aged care workforce across rural and remote Australia. Some of these recommendations relate to the aged care workforce generally, some to the rural and remote setting more specifically, and the remainder to the specific needs and opportunities presented by remote Aboriginal and Torres Strait Islander communities.

Recommendation 1: Improve the systematic collection, collation and analysis of relevant data from aged care service providers across rural and remote Australia, to build better quantitative evidence on workforce issues impacting on aged care service delivery in these settings.

Recommendation 2: Develop and implement a national strategy to ensure an adequate skilled aged care workforce across rural and remote Australia.

Recommendation 3: Implement immediate actions to improve recruitment and retention in the aged care workforce generally across Australia, including: improving the public perception of working in aged care; improving remuneration; improving career pathways and access to professional development; and recognising aged care nursing as a specialty.

Recommendation 4: Develop a "rural workforce centre" model, through which aged care, health and community service organisations can partner and pool funds, staff and effort to develop a local workforce which is shared across organisations and which delivers integrated services to outlying communities and households.

Recommendation 5: Make working in rural and remote aged care more attractive by emphasizing the positive aspects of the work and the setting.

Recommendation 6: Provide support for both undergraduate student placements and early career placements in rural and remote aged care settings.

Recommendation 7: Develop expanded scope of practice models for practitioners including Registered Nurses in rural and remote aged care, based on the Remote Area Nurse model.

Recommendation 8: Optimise the use of telehealth in aged care service delivery in rural and remote areas.

Recommendation 9: Provide block funding for aged care services in rural and remote areas, to enable services to offer long term, secure employment.

Recommendation 10: Develop new funding and service delivery models for aged care in remote Aboriginal and Torres Strait Islander communities, based on the delivery of aged care through community controlled services in Aboriginal and Torres Strait Islander communities, wherever possible, and recognition that a "provider of choice" approach may be most appropriate.

Recommendation 11: Provide support for young Aboriginal people to stay on country and work in aged care and develop measures to address cultural barriers relating to the provision of care to older Aboriginal people by young people.

AAG Response to Workshop Recommendations for Addressing Aged Care Workforce Issues in Rural and Remote Australia

AAG notes the outcomes of the 2018 AAG regional, rural and remote workshop, which focused on workforce issues impacting both people's access to, and the delivery of, aged care services in rural and remote Australia.

AAG acknowledges the current inequity in access to aged care for older people in rural and remote Australia, and believes that

- ▶ addressing this inequity should be a high priority for government and the sector
- ▶ measures to address this inequity can best be considered in the context of the Aged Care Diversity Framework, and therefore creation of an Action Plan for aged care for older people in rural and remote Australia should be prioritised.

AAG notes the Recommendations for Addressing Aged Care Workforce Issues in Rural and Remote Australia arising from the 2018 regional, rural and remote workshop, which call for action across a range of areas, including:

- ▶ better data collection, analysis and use in relation to rural and remote aged care workforce;
- ▶ a national strategy to address rural and remote aged care workforce needs; and
- ▶ actions to address aged care workforce supply and quality across Australia generally, in rural and remote areas more specifically, and in remote Aboriginal and Torres Strait Islander communities, which have their own unique circumstances and needs.

AAG is supportive of the intent and direction of these recommendations. AAG undertakes to advocate for relevant action by the appropriate parties, while noting that workforce challenges are only one aspect of the inequity in access to aged care for older people in rural and remote Australia.

AAG's intent is that the outcomes of the workshop will be used to inform policy and practice to improve equity of access and quality outcomes in aged care for older people in rural and remote Australia.

AAG will engage with the Remote Accord established in response to the Aged Care Workforce Taskforce report, A Matter of Care – Australia's Aged Care Workforce Strategy, noting that the Accord will initially focus on workforce in remote and very remote regions only.

APPENDIX 1: WORKSHOP PARTICIPANTS

Convenors:

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Facilitators:

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Ms Kathy Bell, Australian Association of Gerontology

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NOTES



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